

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	10/005,729-Conf. #9132
	Filing Date	November 6, 2001
	First Named Inventor	Anne M. Holier
	Art Unit	3685
	Examiner Name	C. O. Sherr
	Attorney Docket Number	71603-8016.US01

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
Please withdraw me as attorney or agent for the above identified patent application, and	
<input type="checkbox"/> all the practitioners of record;	
<input type="checkbox"/> the practitioners (with registration numbers) of record listed on the attached paper(s); or	
<input checked="" type="checkbox"/> the practitioners of record associated with Customer Number: 22918	
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.	
The reason(s) for this request are those described in 37 CFR:	
<input type="checkbox"/> 10.40(b)(1) <input type="checkbox"/> 10.40(b)(2) <input type="checkbox"/> 10.40(b)(3) <input checked="" type="checkbox"/> 10.40(b)(4)	
<input type="checkbox"/> 10.40(c)(1)(i) <input type="checkbox"/> 10.40(c)(1)(ii) <input type="checkbox"/> 10.40(c)(1)(iii) <input type="checkbox"/> 10.40(c)(1)(iv)	
<input type="checkbox"/> 10.40(c)(1)(v) <input type="checkbox"/> 10.40(c)(1)(vi) <input type="checkbox"/> 10.40(c)(2) <input type="checkbox"/> 10.40(c)(3)	
<input type="checkbox"/> 10.40(c)(4) <input type="checkbox"/> 10.40(c)(5) <input type="checkbox"/> 10.40(c)(6) Please explain below:	
Certifications	
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.	
1. <input checked="" type="checkbox"/> I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.	
2. <input checked="" type="checkbox"/> I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.	
3. <input checked="" type="checkbox"/> I/We have notified the client of any responses that may be due and the time frame within which the client must respond.	
Please provide an explanation, if necessary: Client has requested the file be transferred to another firm.	

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A The address of the inventor or assignee associated with Customer Number: _____

OR

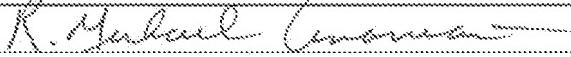
B. <input type="checkbox"/>	Inventor or	
<input type="checkbox"/>	Assignee Name	

Address

City	State	Zip	Country
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Telephone	Email
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	
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Name	R. Michael Ananian	Registration No.	35,050
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Address	Perkins Coie LLP P.O. Box 1208
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City	Seattle	State	WA	Zip	98111-1208	Country	US
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Date		Telephone No.	(650) 838-4300
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NOTE: Withdrawal is effective when approved rather than when received.